Application or Docket Number

Effective October 1, 2001												
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY OTHER THA			
TOTAL CLAIMS			30					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			3 Ominus 20=		•	10	·	X\$ 9=		OR	X\$18=	180
INDEPENDENT CLAIMS			4 minus 3 =		*	1		X42=		OR	X84=	84
MU	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT					+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2							.	TOTAL	 	OR	TOTAL	1004
CLAIMS AS AMENDED - PART II										, O	OTHER	
(Column 1) (Column 2) (Column 3)							_	SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 30	Minus	# Z	0	=		X\$ 9=		OR	X\$18=	
	Independent	• 4	Minus *** \		1	= —	↓	X42=		OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
										OR	TOTAL	
(Column 1) (Column 2) (Column 3)								ADDIT. FEE			ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	* *	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***			 	X42=		OR	X84=	
	FIRST PRESE	NTATION OF ML	JLTIPLE DEP	ENDENI	CLAIM		」	+140=		OR	+280=	
							٠ .	TOTAL ODIT: FEE		OR	TOTAL ADDIT. FEE	-
		(Column 1)		(Colum	nn 2)	(Column 3)	_					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=] [X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=]	X42=			X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								-	OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+280=	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		ber Previously Pai					er fou	nd in the a	opropriate bo	tin col	umn 1.	